

NHS England equality, diversity and inclusion improvement plan

On Thursday 8 June 2023, NHS England (NHSE) **published** its first equality, diversity and inclusion (EDI) improvement plan. Developed in consultation with diverse staff, staff networks and stakeholders, we were pleased to contribute to this process as part of the working group.

This briefing outlines the context of the plan and summarises the high impact actions and accountability framework. If you have any questions or comments, please contact Oliver Potter, senior policy officer (oliver.potter@nhsproviders.org)

The context of the plan

A foreword by NHSE's chief executive, Amanda Pritchard, and chief workforce, education and training officer, Navina Evans, recognises the central importance of inclusive workplace culture, both for current and future staff, with regard to recruitment and retention, and patient care and outcomes. The plan is further set in the context of the **NHS People Plan** and **People Promise**, as well as the 'Leadership for a collaborative and inclusive future' report. Crucially, this plan is framed as a central support to the long-awaited long term workforce plan (LTWP), which is expected imminently.

The NHS workforce is increasingly diverse, with 24.2% of staff from an ethnic minority, 77% of the workforce are women, 23.6% of staff identify as disabled or living with a long-term illness (via the **NHS staff survey**), and over 5% identify as members of the LGBTQ+ community. Despite these figures, the latest **Workforce Race Equality Standard (WRES)** data shows that an increasingly diverse overall workforce means the gap between whole workforce and board member diversity is widening, with the largest gap at executive level. Staff are also significantly more likely to disclose a disability or long-term illness in the anonymous staff survey compared to via the Electronic Staff Record (ESR), and 5.1% LGBTQ+ staff report experiences of discrimination in the staff survey. This plan is, therefore, a welcome step forward as we know from the staff survey, WRES and WDES data that too many staff experience structural inequities and unacceptable behaviours in the workplace.

This plan acknowledges intersectionality in its overarching high impact actions but also includes a section on interventions by protected characteristic – this is crucial as survey data, particularly

increasingly granular [WRES data](#), shows that the experiences of staff with multiple and diverse characteristics vary.

It is welcome to see NHS England commit to the same high impact actions directed at trusts and integrated care boards (ICBs). Similarly, we published our [anti-racism statement](#) and [action plan](#) in November 2022, which contains both internal and external points of action. Further details of our race equality board support offer are included at the end of this briefing.

Intersectional high impact actions

The six high impact actions (HIAs) set out in the plan are summarised below. Each HIA is underpinned by a combination of success metrics. NHSE notes its central role in supporting trusts and ICBs with guidance to implement the actions, also noting the importance of working in partnership with trade unions and staff networks. All HIAs are supported by case studies and resources uploaded to [Future NHS](#), forming a national EDI repository.

1. Measurable objectives on EDI for chairs, chief executives and board members

High impact action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

This builds on the recommendations included in the 'Leadership for a collaborative and inclusive future' review, recognising the importance of whole board accountability and linked to the Board Assurance Framework (BAF). The plan sets out a requirement for NHS organisations and ICBs to complete the following actions:

By March 2024:

- All board members must have SMART (specific, measurable, achievable, relevant and timebound) EDI objectives and be assessed against these as part of their annual appraisal
- Boards must review relevant data to establish EDI areas of concern and prioritise actions, with progress tracked and monitored by the BAF

By March 2025:

- Board members should demonstrate how data and lived experience have been utilised to improve organisational culture

2. Recruitment and talent management processes

High impact action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

This HIA calls for action on embedding fair and inclusive recruitment and talent management processes with the aim of ensuring diversity at all levels, representation of the communities the NHS serves and ensuring that all staff see opportunities within the service for progression. NHS organisations and ICBs are asked to:

By October 2024:

- Implement a plan for widening recruitment opportunities at a local community level, including the creation of career pathway development programmes (underpinned by the upcoming LTWP). Impact should be measured in terms of social mobility across the ICS footprint

By June 2024 and June 2025:

- Create and implement a talent management plan to improve leadership diversity by June 2024, assessing progress by June 2025

The success metrics linked to this HIA include measures across the NHS staff survey, WRES, WDES and the National Education & Training Survey (NETS).

3. Eliminating race, disability and gender total pay gaps

High impact action 3: Develop and implement an improvement plan to eliminate pay gaps.

This HIA is focused on eliminating total pay gaps, with a specific focus on race, disability and gender. NHS organisations are to:

By March 2024:

- Implement the recommendations from the [Mend the Gap review](#) for medical staff and further develop a plan for implementation for senior non-medical staff
- Implement an effective flexible working policy to be utilised in recruitment campaigns

2024 to 2026:

- Analyse available data on pay gaps and implement an improvement plan by protected characteristic. Plans for race and sex should be in place by 2024, for disability by 2025 and for other protected characteristics by 2026. This will be tracked and monitored by NHS boards.

The limitations of data currently available are noted and reflected in the staged timelines above, while the success metric is linked to reporting on year-on-year pay gap reductions.

4. Address health inequalities within the workforce

High impact action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

Here the plan references NHSE's [CORE20PLUS5](#) strategy on health inequalities and the role of trusts as anchor institutions. Organisations are to take the following actions:

By October 2023:

- Line managers should have regular wellbeing conversations with their teams supported by national resources, including the [health and wellbeing framework](#)

By April 2025:

- Work in partnership with local community organisations, with facilitation supported by ICBs, to improve employment opportunities. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare

The success metrics linked to this HIA include NHS staff survey and NETS results, with further resources from NHSE to be established in partnership with ICBs and stakeholders in 2024/25.

5. Induction and onboarding for internationally recruited staff

High impact action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

This HIA is focused on the contribution of internationally recruited staff to the NHS, aiming to improve the support they receive as they join the NHS. NHS organisations should:

By March 2024:

- Ensure that internationally recruited staff receive clear communications ahead of starting within an organisation on their employment conditions, government immigration policy (and its impact on accompanying family members), financial commitments and development opportunities
- Develop onboarding programmes based on best practice. Effectiveness should be measured from, for example, direct feedback, staff survey results and turnover rates
- Ensure line managers maintain cultural awareness to create inclusive team cultures that embed psychological safety

- Give internationally recruited staff access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression

The success metrics linked to this HIA are related to the NHS staff survey.

6. Bullying and harassment

High impact action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

This HIA is focused on bullying, discrimination, harassment and incidents of physical violence, noting survey data that shows evidence of these behaviours. NHS organisations are to:

- Ensure mechanisms are in place to protect staff who raise concerns

By March 2024:

- Review relevant data by protected characteristic and set year-on-year reduction targets and improvement plans
- Review disciplinary and employee relation processes and where data indicates inequity, take immediate action to drive improvement. This may require insights from trust solicitors
- Create an environment where staff feel able to speak out about concerns. Boards are asked to review relevant data by protected characteristic and take steps to ensure parity for all staff
- Provide comprehensive psychological support to staff who report being a victim of bullying, harassment, discrimination or violence and ensure staff know how to access this

By June 2024:

- Have effective policies in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.

The success metrics related to this HIA are within the NHS staff and NETS surveys.

Interventions by protected characteristics

The plan also includes a number of suggested targeted interventions by protected characteristic. These have been grouped across six combined areas to reflect eight of the nine protected

characteristics outlined in the [Equality Act \(2010\)](#). Marriage and civil partnership status has not been included due to limited evidence supporting the need for national workforce intervention.

Age

Suggested interventions centre around recruitment practices, line manager conversations, flexible working and supporting social mobility through recruitment programmes.

Disability

Interventions centre on improvements to disability declaration rates on the ESR, leadership visibility, inclusive and accessible recruitment and talent management, tackling bullying and harassment and ensuring an effective reasonable adjustments policy.

Race

The plan focuses on interventions related to HIA 1, as well as utilising EDI dashboard data to drive accountability, considering reports on race inequalities by arm's length bodies and ensuring race discrimination concerns are dealt with effectively.

Religion or belief

This section focuses on interventions to understand the employment experience and journey, relevant policies and processes and the raising of concerns around discrimination or harassment. It notes this relates to staff with different faiths, as well as staff with no faith.

Sex, pregnancy and maternity

Interventions suggested here include closing the gender pay gap, ensuring flexible working and the implementation of a menopause policy to support staff wellbeing.

Gender reassignment and sexual orientation

This section focuses on interventions to encourage staff to self-identify via the ESR, noting changes required to the system to ensure trans and non-binary staff are able to do this. It also suggests reviewing data to support implementation of tailored support, ensuring mandatory training includes information on gender reassignment and sexual orientation and is co-produced with staff, as wellbeing initiatives should also be. Trust leaders should champion staff networks and demonstrate allyship.

Accountability framework and next steps

The plan directly notes the role of NHS leaders and trusts as employers in embedding the actions outlined in this plan, with the support of NHSE resources available via [Future NHS](#).

Following the principles of the NHS Operating Framework, NHSE will “provide regulatory accountability and oversight through existing mechanisms” including the NHS Oversight Framework and the well-led domain of the CQC’s single assessment framework. Progress against the actions in this plan will be monitored by NHSE.

The table below is reproduced from the plan and outlines the accountability framework at provider, ICB, regional and national levels.

Providers
<ul style="list-style-type: none"> • Delivery of high impact actions and interventions by protected characteristic at trust level. • Measure progress against success metrics consistently within the organisation. • Engagement with staff and system partners to ensure that actions are embedded within the organisation. • Effective system working and delivery to ICS strategies and plans • Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.
ICBs/ICSS
<ul style="list-style-type: none"> • Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities. • Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties. • Measure progress against success metrics consistently and coordinate a system view. • Compliance with Care Quality Commissions assessment frameworks.
Regional
<ul style="list-style-type: none"> • Primary interaction between national and systems • Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed • Agree ‘local strategic priorities’ with individual ICSs and provide oversight and support. • Measure progress against success metrics consistently and coordinate a regional view.
National
<ul style="list-style-type: none"> • Set expectations for equality and inclusion through the NHS EDI improvement plan

- With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes
- Measure progress against success metrics consistently and coordinate a national view.

Support from NHSE will also include:

- National EDI repository available via [Future NHS](#), including case studies and toolkits
- National EDI dashboard currently in development and available in the coming weeks, with a view to this acting as a single source of EDI data
- Improved access to data as a result of NHSE work with DHSC and other partners in 2023/24. Specifically, this will include:
 - Additional staff survey questions to help understand the experience of internationally trained staff
 - A plan to develop mandated workforce standards on gender identity (gender/sex) and sexual orientation, similar to WRES and WDES

NHS Providers view

Press release

Responding to the publication of the first equality, diversity and inclusion (EDI) plan for the NHS, Saffron Cordery, the deputy chief executive of NHS Providers said:

“Trust leaders are committed to ensuring all their staff are treated with dignity and respect and the publication of the NHS’s first ever EDI plan is a welcome step towards that ambition.

“Nobody working for the NHS should be subject to bullying, harassment, discrimination, or violence because of who they are, yet survey after survey shows that that these behaviours are sadly all too common in the health service.

“Trust leaders are determined to stamp out these structural, persistent inequities. They are working hard to instil values and behaviours which create a more equal, diverse and inclusive health service, ensuring fair treatment and opportunity for everyone. This time last year, the Messenger review made the case for why equality, diversity, and inclusion is so important for the health service.

“And one year on, this plan makes it again.

“At a time when the service is grappling with over 112,000 vacancies, falling morale and worrying levels of burnout, it is clear we need to do more to recruit, retain, and invest in our highly valued and diverse workforce. We know that improving and supporting staff experience will also lead to a better experience and outcomes for patients.

“So this national level plan with six clear areas for action and a framework which holds leaders to account is a welcome -and much needed- step forward.”

Our view

This is a positive and significant step in the right direction. We welcome the plan’s acknowledgement of the importance of embedding EDI to create positive and inclusive work environments to aid retention and recruitment, and improve staff experience, which all result in better patient outcomes.

It is also welcome to see accountability linked to existing frameworks, as well as a repository of resources and toolkits, alongside best practice examples, and commitments to an EDI dashboard.

Some of the actions related to each HIA will require clarification to ensure trusts leaders can ensure they are meeting the requirements outlined in this plan – for example, the action required by April 2025 under HIA 4. HIA 5’s focus on internationally trained staff is positive, but it is important to note that pastoral support for internationally recruited, and other staff, must be ongoing and not time-limited to an induction period.

Regarding the suggested interventions by protected characteristic, there is potential for marriage or civil partnership status to be considered under the sections entitled sexual orientation and gender reassignment, as well as under sex, pregnancy and maternity. Additionally, while the mention of menopause policies under sex, pregnancy and maternity is welcome, this could also be considered under and alongside interventions relating to age, and could have been extended to consider menstrual health (as covered in recent guidance [published](#) by the British Standards Institution).

Under disability, reference to visibility and representation would have been welcome, acknowledging that not all disabilities are visible. Finally, the section on gender reassignment and sexual orientation is comprehensive with references to allyship and co-production of resources with staff and their networks, however these could have also been included, or cross referenced under the other sections on protected characteristics.

NHS Providers support offer

Our [race equality board support offer](#) is designed to help trust leaders tackle structural race inequities and embed accountability. A wide range of [resources](#) are available on our website, including recordings of peer learning events and webinars. Future events are also listed [here](#), which will align with the high impact actions outlined in NHSE's EDI plan.

Similarly, our [health inequalities board support](#) offer is designed to offer trust leaders resources and events to help move conversations from analysis to action and to provide a forum for discussion of key challenges and opportunities in this arena.